

GEORGIA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ADDICTIVE DISEASES

APPLICATION USER'S GUIDE

**APPLICATION TO BECOME A PROVIDER OF DEVELOPMENTAL DISABILITIES
HOME AND COMMUNITY BASED WAIVER SERVICES FOR NEW PROVIDERS**

INDIVIDUAL



DHR

OVERVIEW

The purpose of this user's guide is to provide instructions on completing the Individual application for Developmental Disabilities services.

PLEASE NOTE:

Individual applications are only to be completed by those persons with professional licenses to provide services under Adult Physical Therapy, Adult Occupational Therapy, Adult Speech Language Therapy, Behavioral Supports Consultation and Community Living Support (CLS) Nursing RN, LPN Services.

Individuals wishing to provide services to one individual with a developmental disability must be chosen by that individual with a developmental disability and work through the Self-Direction, or Co-Employer options.

Individuals wishing to provide other services to multiple individuals with developmental disabilities within the New Option Waiver (NOW) and Comprehensive Waiver (COMP) waiver must complete the Agency application and provide any Office of Regulatory services (ORS) license relative to service.

How to Complete Medicaid Application:

Together with this application you MUST submit the Department of Community Health, Division of Medical Assistance Provider application (Medicaid application). To access the Georgia Department of Community Health (DCH), Division of Medical Assistance (DMA) Provider Enrollment Application Instructions (27-page Medicaid application) go to <https://www.ghp.georgia.gov> or click on the following: [Medicaid Provider Application](#).

The Medicaid application must be submitted to the Division of MHDDAD along with the Division's MRDD Home and Community Based Waiver Services application.

The website for more details regarding Medicaid provider requirements is www.ghp.georgia.gov. Click on the "Provider Information" tab and the link to "Medicaid Provider Manuals", particular attention should be given to the following links:

- [Part I Policies and Procedures / Billing Manual](#)
- [Part II- Policies and Procedures for NEW OPTIONS WAIVER PROGRAM \(NOW\) formerly Mental Retardation Waiver Program Services General Manual](#)
- [Part III- Policies and Procedures for NEW OPTIONS WAIVER PROGRAM \(NOW\) formerly Mental Retardation Waiver Program Services](#)
- [Part II- Policies and Procedures for COMPREHENSIVE SUPPORTS WAIVER PROGRAM \(COMP\) formerly Community Habitation Support Services General Manual](#)
- [Part III- Policies and Procedures for COMPREHENSIVE SUPPORTS WAIVER PROGRAM \(COMP\) formerly Community Habitation Support Services](#)
- [Rules and Regulations of Department of Human Resources Division of MHDDAD - Client's Rights \(Chapter 290-4-9\)](#)

Submission Requirements:

- One hard copy of the completed application must be sent to the address listed below via US Postal Service or other recognized mail carrier such as UPS, FedEx, DHL, etc.:

**Provider Enrollment Unit
Provider Network Management Section
Division of MHDDAD
2 Peachtree Street, 23rd Floor
Atlanta, Georgia 30303**

- Once the Division receives the application, a tracking number will be assigned.
- Application receipt confirmation and the tracking number will be submitted to the organization via email within two (2) business days.

- **Any questions regarding your application must be submitted via email to the following address:** MHDDAD-serviceapps@dhr.state.ga.us. This includes all communications, updates, requests for additional information must reference this tracking number.

Application Review:

The review of Developmental Disabilities (DD) applications consists of the following components:

- Review of Policies and Procedures
- Office of Developmental Disabilities Assessment
- Recommendation to The Department of Community Health for Medicaid Provider number if approved by Provider Network Management Section

You will receive a notification interval after each component of the application is reviewed.

How to Complete Each Section of Your Application:

All fields are required for a complete application. The person identified, as the contact should be easily accessible via email for providing additional information should it be required.

Section I – Application Type

APPLICANT INFORMATION:

(Please complete all fields.)

1. Name: Indicate the name of the applicant.
2. Federal Employer Identification Number (FEI#): This is the number assigned by the Internal Revenue Service and should match the number provided on the W-9.
3. Address: This is the complete address for your agency's corporate headquarters.
4. Mailing Address: Use this field if you receive postal mail at an address other than the address provided above.
5. Contact Name and Telephone Number/Fax/Email: If there is another person other than the Applicant to be listed as a contact for the application, indicate here.
6. Telephone: This is the number for the Applicant.
7. Fax: Indicate the fax number for the Applicant, if applicable.
8. Email: Enter the email address for the Applicant.
9. Website: Enter the Applicant's website address, if applicable.
10. Type of Professional License: Indicate the type of professional license the Applicant holds, if applicable. Include a current copy of the license.
11. Category of Services: Select the appropriate Category of Service (COS) associated with your service name, both Categories may be selected.
12. Waiver Service: Indicate the name of the service for which you are applying.
13. HIPPA Code: Enter the HIPPA code associated with the service for which you are applying.

Section II-Professional and General Liability Information

If any of these questions in this section are answered by using "Yes", supporting documentation is required that fully explains the circumstances surrounding the event, details of any resulting settlements, and or resolutions.

Section III-Previous Provider Experience

Please complete numbers 1-3. If not applicable please indicate that by using N/A.

Section IV: Qualifications and Required Information

Please submit documents 1-7 identified in the application.

Section V- Other Required Information

FORM I: The **Attestations** should be completed, signed and submitted by the CEO/Director.

CHECK LIST: NEW PROVIDER APPLICATION FOR INDIVIDUALS

APPLICATION ITEMS:	
1. Section I- Application Type (Page 1 of Application) (Include copy of certificate of attendance at the Pre-Enrollment Training)	
2. Section II - Professional and General Liability Information (Page 2 of Application)	
3. Section III- Previous Provider Experience (Page 3 of Application)	
4. Section IV - Qualifications and Required Information (Page 4 of Application)	
5. Section V- Other Required Information (Page 5 of Application)	
6. Organizational Policies and Procedures: <ul style="list-style-type: none"> • Description of Services(s) to be provided • Medication Management • Incident/Accident and Death Reporting and Investigation (Agency's internal process) • Behavior Management (Positive behavior support plan, safety plan, informed consent) 	
7. Department of Community Health Application, Division of Medical Assistance (Medicaid)	
• Provider Enrollment Application	
• Additional Location Form for each location, if applicable	
• Statement of Participation	
• Electronic Funds Transfer (EFT)	
• W9 Form	
Please Mail Application to: Provider Enrollment Unit Provider Network Management Section Division of MHDDAD 2 Peachtree Street, 23rd Floor Atlanta, Georgia 30303	
Any questions regarding your application must be submitted via email to the following address: <u>MHDDAD-serviceapps@dhr.state.ga.us.</u>	

APPENDIX A: Service Information

NOW / COMP Procedure Code Description	COS	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
Behavioral Support Consultation	680 and 681	H2019	289	If applicable: Psychologist; Licensed Professional Counselor; Licensed Clinical Social Worker; Psychiatrist	Individual Only
Community Access Group Services	680 and 681	T2025 HQ	412	None	Agency or Individual
Community Access Individual Services	680 and 681	T2025 UB	412	None	Agency or Individual
Community Living Support Services - 15 minutes	680 and 681	T2025 U5	418	Private Home Care (Agency) None (Individual)	Agency or Individual
Community Living Support Services - Daily	681 ONLY	T2025 U6	418	Private Home Care (Agency) None (Individual)	Agency or Individual
Community Living Support RN	680 and 681	T1002 U1	249	Private Home Care for agency and Georgia RN License for staff/contractors (Agency) Georgia RN License (Individual)	Agency or Individual
Community Living Support LPN	680 and 681	T1003 U1	249	Private Home Care for agency and Georgia LPN License for staff/contractors (Agency) Georgia LPN License (Individual)	Agency or Individual
Environmental Accessibility Adaptation	680 and 681	S5165	067	Environmental Accessibility Adaptations are made by building, plumbing or electrical contractors with applicable Georgia license (OCGA 43-14-2 or 43-41-2) or individual builders, plumbers or electricians with applicable Georgia business license as required by the local, city or county government in which the services are provided.	Agency Individual Builder, Plumber, or Electrician
Natural Support Training Service	680 ONLY	T2025 UD	423	License if applicable for Developmental Disability Professional staff/contractors (Agency) License if applicable for Developmental Disability Professional (Individual)	Agency or Individual
Respite - 15 minutes	680 ONLY	S5150	243	Provider agencies that render Respite Services in the participant's own or family home must have a Private Home Care Provider License. Provider agencies that render out-of-home Respite Services in a Personal Care Home must have a Personal Care Home Provider License	Agency or Individual

NOW / COMP Procedure Code Description	COS	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
Respite - Overnight	680 ONLY	S5151	244	Private Home Care Licensure (Agency)	Agency or Individual
Specialized Medical Supplies	680 and 681	T2028	273	None	Agency or Individual Vendor/Dealer
Specialized Medical Equipment	680 and 681	T2029	058	None	Agency or Individual Vendor/Dealer
Supported Employment Group Services	680 and 681	T2019 HQ	259	None	Agency or Individual
Supported Employment Individual Services	680 and 681	T2019 UB	259	None	Agency or Individual
Transportation Encounter / Trip	680 and 681	T2003	400	Individual Providers rendering Transportation Services must hold a valid Class C license DD Service Provider Agency driver staff providing Transportation Services must hold the class of license appropriate to the vehicle operated	Agency or Individual
Vehicle Adaptations	680 and 681	T2039	275	Vehicle Adaptations are made by vendors with the applicable Georgia business license	Agency or Individual Vendor

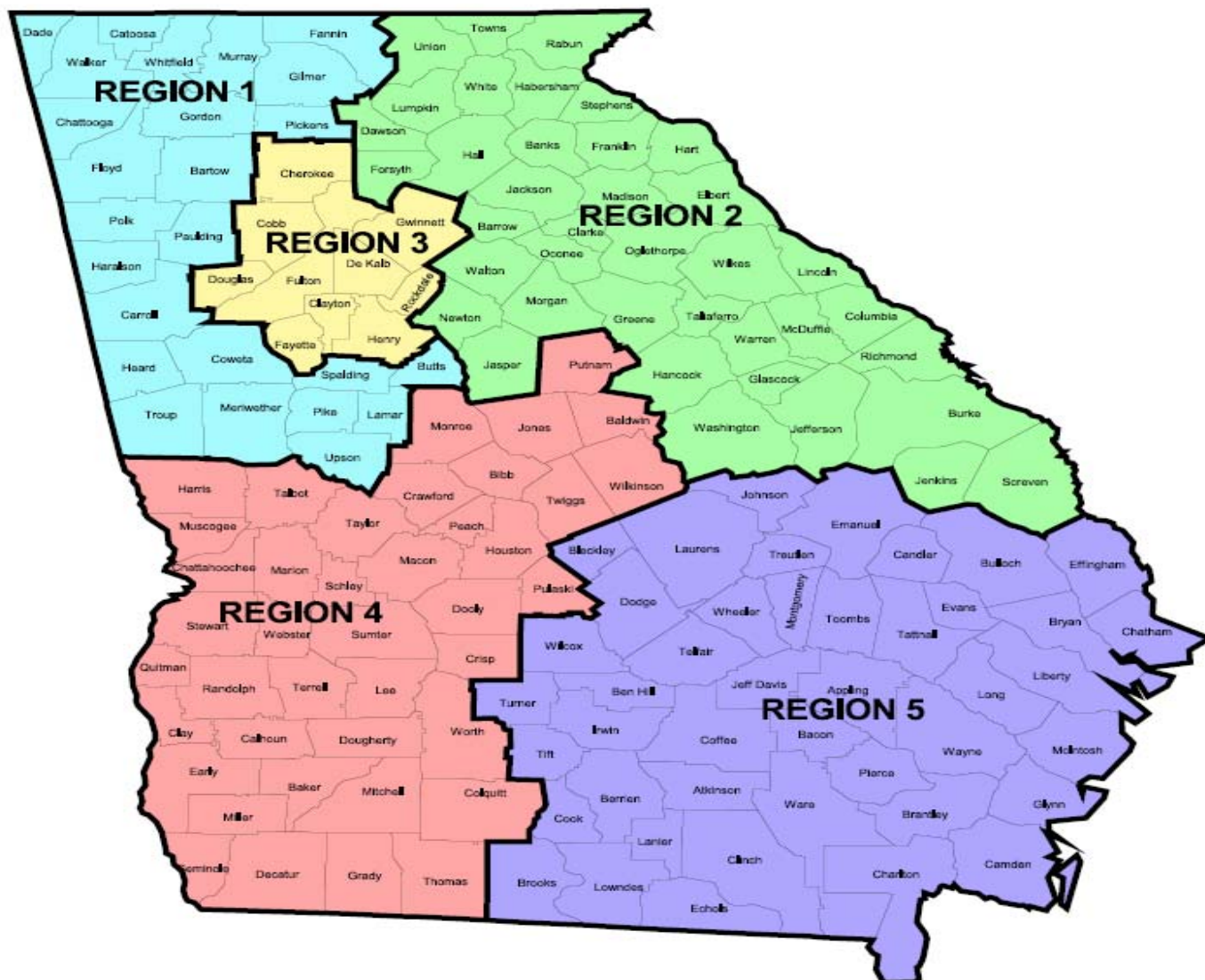
SERVICE INFORMATION – ADULT THERAPY SERVICES

NOW / COMP Procedure Code Description	COS	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
OT Evaluation	680 and 681	97003	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or individual
OT Therapeutic Activities	680 and 681	97530 GO	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or Individual

NOW / COMP Procedure Code Description	COS	HIPAA Code	Specialty Codes	Required License / Credentials	Type of Applicant (Individual or Agency)
OT Sensory Integrative Techniques	680 and 681	97533 GO	151	Georgia Licensed Occupational Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Occupational Therapist (Individual)	Agency or Individual
PT Evaluation	680 and 681	97001	201	Georgia Licensed Physical Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Physical Therapist (Individual)	Agency or Individual
PT Therapeutic Procedure	680 and 681	97110	201	Georgia Licensed Physical Therapist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Physical Therapist (Individual)	Agency or Individual
Speech Language Evaluation	680 and 681	92506	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and Language Pathologist (Individual)	Agency or Individual
Speech Language Therapy	680 and 681	92507 GN	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and Language Pathologist (Individual)	Agency or Individual
Speech-Generating Device Therapy	680 and 681	92609	251	Georgia Licensed Speech and Language Pathologist as staff/contractor (DD service agency) Home Health Agency License (home health agency) Georgia Licensed Speech and Language Pathologist (Individual)	Agency or Individual

APPENDIX B: Regional Map

REGIONAL MAP Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities & Addictive Diseases



Effective July 1, 2005



Georgia Department of Human Resources
Division of Mental Health, Developmental Disabilities
and Addictive Diseases
Decision Support Section

Created March 15, 2005

Useful Information

- This Division has made a strong commitment to attract and develop provider agencies that can meet the needs of Georgians families with developmental disabilities. Increasingly, people in community Developmental Disabilities (DD) services require providers with the capacity to respond positively and skillfully to challenging behaviors, complex medical needs and the effects of multiple disabilities and diagnoses.
- Having the training, the experience, the technical skills, the administrative competency, the financial stability, the compassion and commitment to support people with developmental disabilities in enjoying a meaningful life in the community involves so much more than just having a license. We need to know that you have the prerequisite skills and experience to be a successful provider prior to you being entrusted with the care of individuals with developmental disabilities.
- Our consumers and their families deserve to have highly qualified agencies available to serve them. It is our obligation to ensure that the agencies that we approve can be relied upon to meet the needs of our consumer population.
- The Department of Human Resources (DHR) is concerned about the health and safety of all individuals and the safeguarding of state property. It is the policy of the Department that all reasonable efforts will be made to provide a safe and secure environment for clients, patients, customers, staff and any other work-related contacts. **Based on this objective, a criminal history record check will be completed on all contractors and sub-contractors providing direct care, treatment or custodial services to clients of DHR, including contractors' employees.**
- The vendor for criminal history record check for the State is Georgia Applicant Processing Service-GAPS/Cogent and the website address for more information is: www.ga.cogentid.com . To process, select the "Registration" tab then click on "Single Applicant Registrations" to see the entire screen. Procedures for using GAPS are found under the General Information link.
- **PRE-ENROLLMENT TRAINING:**
New Developmental Disabilities (DD) Provider- Attendance at a Pre-Enrollment Training is a **requirement** before submission of application for all new applicants. Certificate of attendance by *Agency Director* must accompany application. If application is received without documentation it will be returned to the applicant. Information and registration for the Pre-Enrollment Training can be found on the Training page of the Division's website (<http://mhddad.dhr.georgia.gov>) or at the following: [Training Page](#)
- Certification is conducted by the MHDDAD Provider Certification section for all providers earning less than \$250,000 a year. Accreditation is a requirement for al Developmental Disabilities Providers who earn more than \$250,000 a year.